STATE OF IDAHO

ELEVATOR/CONVEYANCE ANNUAL CERTIFICATION & FIVE YEAR INSPECTION FORM



Division of Building Safety Industrial Safety - Elevator Safety Program 1090 E. Watertower St. Meridian, ID 83642 (208) 334-2129, Fax (208) 855-9494 www.state.id.us/dbs/industrial



INSTRUCTIONS:											
•	This exam\inspection form is to be completed be the owner or owner's representative of the										
	elevator/conveyance.										
•	Please complete an exam\inspection form for each elevator/conveyance.										
•	Attach the appropriate payment of credit card information, and return it to the address listed at the										
	bottom of this form. Exam or inspection needs to be conducted under ASME code.										
	Annual Ex		_	naction							
				☐ Five Year Inspection OWNER INFORMATION:							
SITE INFORMATION:											
Site Name:				Owner Name:							
Address:					Address:						
City/State/Zip:						City/State/Zip:					
Phone number:						Phone number:					
State ID #:						Serial #:					
ELEVATOR SERVICE CONTRACTOR INFORMATION											
Elevator Contractor:						Phone:					
Address:						Fax:					
City: State:				Zip:							
Oity	· ·		NIT I	OATA / TYPE / USI							
⊨	Passenger			Freight				Material Only			
	Elevator			Moving Walk					Dumbwaiter		
	Escalator			Platform / Chairlift					Material Lift		
	DRIVE TYPE					E LOCATION_	RATED SPEED/RISE		ADDITIONAL PARAN	METERS	
	Traction / Elec.	Winding drum		Overl		□ None			o. of floors:		
	Hydraulic	Screw drive/ Column		Base			UP: f	'	ont openings:		
	Direct plunger	☐ Rack & pinion☐ Roped hydraulic		Adjac Remo			Dliad Haiston V		ear openings: gle of incline:	۰	
	Chain sprocket Lever hydraulic	Other	IН			NW.	Blind Hoistway: Y Total travel:		gie of incline. pacity:	lbs.	
	Roped sprocket	— Other	☐ Machine below			JW	Total travel.		ear overhead:	ft.	
REGISTRATION FEES											
FEE SCHEDULE:						☐ VISA			MASTERCARD		
						Credit Card Numb	er:	L	_ WASTERCARD		
Traction and roped hydraulic elevator				225		Expiration Date:					
Moving walk / escalator			\$ \$	225	ľ	Name of Cardholder:					
Lhadroulia alayatar				405		Cardbaldar Signat					

MAKE CHECKS PAYABLE TO: THE DIVISION OF BUILDING SAFETY.

100

\$20 return check fee.

TITLE 39 - HEALTH & SAFETY - CHAPTER 86 - IDAHO ELEVATOR SAFETY CODE ACT

39-8617. <u>Annual Renewal</u>: Certificates to operate shall be renewed annually by making application to the division on such forms as the division may prescribe. Successful application <u>shall require payment of the annual renewal fee</u> and submission of a satisfactory routine inspection form, provided however, that <u>on each five (5) year anniversary of issuance of the certificate</u>. <u>successful application shall require payment of the annual renewal fee</u> and submission of a satisfactory periodic inspection form.

\$ Amount